

SENATOR ROBINSON: Yeah, I presumed it would be. But that is my concern on the whole bill. I was comfortable with that, I have no problem supporting, and I probably will anyway, but I still see it as a problem, and the boss says, well, you are going to do it if you work here. Well, on the graveyard shift, you have problems in rest homes and you expect an LPN to do something and something goes wrong and then that RN is liable. So, I think it is something we should take a good look at. I don't know how you can get over that, but I see that as a problem. Thank you.

PRESIDENT MOUL: Thank you, Senator Robinson. Senator Pedersen.

SENATOR PEDERSEN: Madam President and members of the Legislature, I have got a couple of concerns as I listen to the debate that is going on and I would like to add just a couple of things. My wife is a registered nurse, she is a high tech nurse, she has worked recovery room most of her nursing career and has been in the nursing business for about 30 years, a little over 30 years, I think, but it's...the IV business is something that she does a lot, if you work in pre-op and recovery. But my biggest concern in this area is that I don't think we are talking about, I think, the real issue. As far as being a shortage of RNs, I don't know that there is a real shortage. If there is a shortage of RNs, there is probably a shortage of LPNs also. But are we substituting this business of LPNs for RNs because of the service or because of dollars? In some cases it is dollars, the nursing homes can't afford to pay the wages of an RN. The smaller hospitals are having a problem making it financially and paying the RN wages over that of an LPN. And I know we say that services are first and we aren't going to cut the services to people at all, but I just want us to take a look at and think of what the dollar business is here too. The difference in pay between the nursing home and a hospital for an RN, especially in the innercity, is about 50 percent. Half the salary is paid for an RN in the nursing home that is paid in the metropolitan hospitals. So definitely an LPN can be hired cheaper and we know that, but I think we need to take a look at that. But I also am not going to cut down LPNs, I also managed a unit in a hospital for five years, however, it was a psychiatric unit and the nurses worked directly under me and I found LPNs who can do one heck of a job. If my wife was here to talk to you, she would say that she has had LPNs that can do as good a job or better than she has done, when we get back, taking a look at what is good medicine. I